



Employee Payroll Gift Deduction Form

Return completed form to Advancement Office, CPO D4

Date: _____

Employee Information: Faculty Staff

Name: _____

Campus Address: _____ Extension: _____

Deduction Information:

Please deduct: \$_____ from my pay each month.

Effective: Beginning Date: _____ (mm/dd/yr)

Ending Date: _____ (mm/dd/yr) or until further notice

Account: (List all accounts that you want to contribute to and list \$ amount you want deducted each pay period for that account)

Annual Fund \$_____ (operating/scholarship aid)
(amount)

Other _____ \$_____ (account name) (amount)

- This replaces any current gift deductions from my pay.
- This is in addition to my current deductions.

See How Your Monthly Gift Adds Up!

Giving per Pay Period	Giving over 12 months	Giving Club
\$5	\$60	Loyalty Club
\$8.34	\$100.08	Century Club
\$41.67	\$500.04	Founders Club
\$83.34	\$1000.08	Townsend Circle

I HEREIN AUTHORIZE DEDUCTION FROM MY PAY AS OUTLINED ABOVE

Signature Date